Audits Section – Bay and Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

March 14, 2008

Maureen Bauman, LCSW, Director Placer County Adult Systems of Care 11512 B Avenue, DeWitt Center Auburn, CA 95603

Dear Ms. Bauman:

AUDIT REPORT - PLACER COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Placer County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

Federal Share of	<u>Settled</u>	Allowed	<u>Adjustment</u>
Short-Doyle/Medi-Cal	\$ 5,092,321	\$ 5,107,976	\$ 15,655
Federal Share of Healthy Families/Medi-Cal	\$ 262	\$ 115	\$ (147)
State General Funds EPSDT Due State	\$ 1,033,584	\$ 1,028,376	\$ (5,208)

Maureen Bauman, LCSW, Director March 14, 2008 Page 2

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

SHIRLEY CASTANEDA, Supervisor Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS			As Settled	_	Audit Adjustments	_	As Audited
COUNTY PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$ \$_	3,888,788 214 3,889,002	\$ \$_	22,017 (147) 21,869	\$ _ \$_	3,910,805 67 3,910,872
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDER	(Sch.3)	\$ \$ <u></u>	1,203,533 48 1,203,581	\$ \$ _	(6,362) 0 (6,362)		1,197,171 48 1,197,219
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP		\$ \$ <u></u>	5,092,321 262 5,092,583	\$ \$ =	15,655 (147) 15,506	\$ - \$=	5,107,976 115 5,108,091
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF	(Sch. 4)	\$ _	1,033,584	\$ _	(5,208)	\$_	1,028,376

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

Note	COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
10 Quipatient SD/MC (Inel Children Enhan) (MH 1968, Ln 39) 0 0 0 0 0 0 0 0 0	Amount Negotiated Rates Exceed Cost		_		-		-	
10 Outpatient SD/MC (Incl Children Enhan) (MH 1968, Ln 39) 0 0 0 0 0 0 0 0 0		(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
22 Enhanced SD/MC (Refugees)-LIP	• • • • • • • • • • • • • • • • • • • •			0		0		0
33 Enhanced SD/MC (Refugees)-O/P	•	, , , ,		0		0		0
MH 1968, Ln 40, 40A) 0 0 0 0 0 0 0 0 0	,			_				
Stand Stan		•				_		
Medi-Cal Administrative Reimbursement MH 1979, Ln 4) \$ 1,334,563 \$ 2,54 \$ 1,334,817 38. Medi-Cal Administrative Reimbursement (MH 1979, Ln 5) \$ 962,124 \$ 32,956 \$ 995,080 \$ 995	•					-		
37. Administrative Reimbursement Limit	•	(1111 1700, 211 70, 1071)	\$_		\$		\$_	
37. Administrative Reimbursement Limit	Medi Cal Administrative Daimburganese							
38. Medi-Cal Administration (MH 1979, Ln 5) \$ 962,124 \$ 32,956 \$ 995,080 39. Medi-Cal Reimbursement (Lower of Ln 37, Ln 38) \$ 962,124 \$ 32,956 \$ 995,080 Healthy Familites Administrative Reimbursement Limit (MH1979, Ln 8) \$ 40 \$ (24) \$ 16 41. Healthy Familites Administrative Reimbursement (MH1979, Ln 9) \$ 0.0 \$ 13.3 \$ 13 42. Healthy Familites Administrative Reimbursement (Lower of Ln 40, Ln 41) \$ 0.0 \$ 13.3 \$ 13 42. Healthy Familites Administrative Reimbursement (Lower of Ln 40, Ln 41) \$ 0.0 \$ 13.3 \$ 13.3 43. Exilide Professional (MH1979, Ln 14, Col. D) \$ 104,338 \$ 3,573 \$ 107,911 44. Other Medi-Cal U.R. (MH1979, Ln 15, Col. D) \$ 134,492 \$ 4,605 \$ 139,097 Vet SD/MC Reimbursement - FFP 45. Direct Services (MH1979, Ln 16,16A) \$ 3,255,358 \$ 1,490 \$ 3,256,848 46. Enhanced (Eniquees) (MH1979, Ln 11,12&13) 0 0 0 0 47. Enhanced (Eniquees) (MH1979, Ln 14) 78,254 2,679 80,933		(MII 1070 I = 4)	ø	1 224 562	•	254	ø	1 224 017
Nedi-Cal Reimbursement			· –		-		_	
Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)			_		- `-		_	
Healthy Families Administrative Reimbursement Limi (MH1979, Ln 9)	39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	2=	962,124	. 5 =	32,956	5 =	995,080
Healthy Families Administration (MH1979, Ln 9) S 0 S 13 S S 107.911 S S S S S S S S S	Healthy Families Administrative Reimbursement							
Healthy Families Administrative Reimbursement Clower of Ln 40, Ln 41 S	40. Healthy Families Administrative Reimbursement Lin	ni (MH1979, Ln 8)	\$	40	\$	(24)	\$	16
Net SD/MC Reimbursement CMH1979, Ln 14, Col. D) S	41. Healthy Families Administration	(MH1979, Ln 9)	\$	0	\$	13	\$	13
A3. Skilled Professional (MH1979, Ln 14, Col. D) 104,338 3,573 107,911 A4. Other Medi-Cal U.R. (MH1979, Ln 15, Col. D) 134,492 14,605 139,097 A5. Direct Services (MH1979, Ln 16,16A) 3,255,358 1,490 3,256,848 A6. Enhanced (Children) (MH1979, Ln 17,17A) 6,868 (934) 5,934 A7. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 0 A8 MAA (MH1979, Ln 11, 12 & 13) 0 0 0 0 A9. Administrative Reimbursement (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 12) 70 0 0 0 52. Negotiated Rate-Payback (MH1979, Ln 20) 70 0 0 53. Subtotal- FFP 70 70 70 70 54. Contract Limitation Adjustment (MH1979, Ln 22) 70 70 70 55. Quality Assurance Review Results (Adj #) 70 70 70 56. Total SD/MC Reimbursement - FFP 70 70 70 70 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) 70 70 70 70 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 70 70 70 59. Administrative Reimbursement (MH1979, Ln 10) 70 70 70 59. Administrative Reimbursement FFP 70 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 70 50. Total Healthy Families Reimbursement 70 70 70 70 50. Total Healthy Families Reimbursement 70 70 70 70 70 50. Tota	42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	0	\$	13	\$_	13
A3. Skilled Professional (MH1979, Ln 14, Col. D) 104,338 3,573 107,911 A4. Other Medi-Cal U.R. (MH1979, Ln 15, Col. D) 134,492 14,605 139,097 A5. Direct Services (MH1979, Ln 16,16A) 3,255,358 1,490 3,256,848 A6. Enhanced (Children) (MH1979, Ln 17,17A) 6,868 (934) 5,934 A7. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 0 A8 MAA (MH1979, Ln 11, 12 & 13) 0 0 0 0 A9. Administrative Reimbursement (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 12) 70 0 0 0 52. Negotiated Rate-Payback (MH1979, Ln 20) 70 0 0 53. Subtotal- FFP 70 70 70 70 54. Contract Limitation Adjustment (MH1979, Ln 22) 70 70 70 55. Quality Assurance Review Results (Adj #) 70 70 70 56. Total SD/MC Reimbursement - FFP 70 70 70 70 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) 70 70 70 70 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 70 70 70 59. Administrative Reimbursement (MH1979, Ln 10) 70 70 70 59. Administrative Reimbursement FFP 70 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 50. Total Healthy Families Reimbursement (MH1979, Ln 10) 70 70 70 70 50. Total Healthy Families Reimbursement 70 70 70 70 50. Total Healthy Families Reimbursement 70 70 70 70 70 50. Tota	Utilization Review Reimbursement							
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Net SD/MC Reimbursement - FFP		, , ,	=		= °=		• * =	
45. Direct Services (MH1979, Ln 16,16A) \$ 3,255,358 \$ 1,490 \$ 3,256,848 46. Enhanced (Children) (MH1979, Ln 17,17A) 6,868 (934) 5,934 47. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 48 MAA (MH 1979, Ln 11, 12 & 13) 0 0 0 49. Administrative Reimbursement (MH1979, Ln 6) 481,062 16,478 497,540 50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 0 55. Quality Assurance Review Results (Adj #) 0 \$ 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs <td>44. One Medical O.K.</td> <td>(MIT1979, Ell 19, Col. D)</td> <td>•=</td> <td>134,492</td> <td>. "</td> <td>4,005</td> <td>· * =</td> <td></td>	44. One Medical O.K.	(MIT1979, Ell 19, Col. D)	•=	134,492	. "	4,005	· * =	
46. Enhanced (Children) (MH1979, Ln 17,17A) 6,868 (934) 5,934 47. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 48 MAA (MH 1979, Ln 11, 12 & 13) 0 0 0 49. Administrative Reimbursement (MH1979, Ln 16) 481,062 16,478 497,540 50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Re	Net SD/MC Reimbursement - FFP							
47. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 0 48 MAA (MH 1979, Ln 11, 12 & 13) 0 0 0 49. Administrative Reimbursement (MH1979, Ln 16) 481,062 16,478 497,540 50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP 57. Healthy Families Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP 58. Negotiated Rate Exceed Costs (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	45. Direct Services	(MH1979, Ln 16,16A)	\$	3,255,358	\$	1,490	\$	3,256,848
48 MAA (MH 1979, Ln 11, 12 & 13) 0 0 0 49. Administrative Reimbursement (MH1979, Ln 6) 481,062 16,478 497,540 50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reim	46. Enhanced (Children)	(MH1979, Ln 17,17A)		6,868		(934)		5,934
49. Administrative Reimbursement (MH1979, Ln 6) 481,062 16,478 497,540 50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 10) 0 8 8 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln	47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
50. U.R. Skilled Professional (MH1979, Ln 14) 78,254 2,679 80,933 51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	48 MAA	(MH 1979, Ln 11, 12 & 1	3)	0		0		0
51. U.R. Other (MH1979, Ln 15) 67,246 2,303 69,549 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	49. Administrative Reimbursement	(MH1979, Ln 6)		481,062		16,478		497,540
52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	50. U.R. Skilled Professional	(MH1979, Ln 14)		78,254		2,679		80,933
53. Subtotal- FFP \$ 3,888,788 \$ \$ 22,017 \$ \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ \$ 21,869 \$ 3,910,871	51. U.R. Other	(MH1979, Ln 15)		67,246		2,303		69,549
53. Subtotal- FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 55. Quality Assurance Review Results (Adj #) 0 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
55. Quality Assurance Review Results (Adj #) 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	53. Subtotal- FFP		\$_	3,888,788	\$	22,017	\$	3,910,805
55. Quality Assurance Review Results (Adj #) 0 0 0 56. Total SD/MC Reimbursement - FFP \$ 3,888,788 \$ 22,017 \$ 3,910,805 Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	54. Contract Limitation Adjustment	(MH 1979 In 22)	Q	0	¢	٥	¢	Δ
Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	· ·		Ф		Ф		Ф	
Net Healthy Families Reimbursement - FFP 57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	6/ TableDA/CDal bases at EED		_	2 000 700	-	22.017		2 010 005
57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A) \$ 214 \$ (156) \$ 58 58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871			3 =	3,888,788	= 3	22,017	. 3.	3,910,805
58. Negotiated Rate Exceed Costs (MH1979, Ln 26) 0 0 0 59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871								
59. Administrative Reimbursement (MH1979, Ln 10) 0 8 8 60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871	•	(MH1979, Ln 24,24A)	\$		\$		\$	
60. Total Healthy Families Reimbursement - FFP \$ 214 \$ (147) \$ 67 61. Total - FFP (Ln 56 + Ln 60) \$ 3,889,002 \$ 21,869 \$ 3,910,871		, , , , ,		0				0
61. Total - FFP (Ln 56 + Ln 60)		(MH1979, Ln 10)	_		_			
	60. Total Healthy Families Reimbursement - FFP		\$ =	214	= \$	(147)	\$:	67
	61. Total - FFP (Ln 56 + Ln 60)		\$	3,889,002	\$	21,869	\$	3,910,871
	-		-		=		• :	

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

				A - C - 441 - 4		Audit		A = A = 424 - 4
Tot	al Medi-Cal Gross Reimbursement		_	As Settled	_	Adjustments	_	As Audited
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	Ф	6,358,388	4	3,129	¥	6,361,517
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0,550,500		0,129		0,501,517
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		10,555		(1,437)		9,118
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0,555		(1,437)		0,110
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		326		(238)		88
9.	Total	(WITT 700, EN 27, 27A)	<u>-</u>	6,369,269	<u> </u>	1,454	· s -	6,370,723
٧.	Total		" ==	0,309,209	" =	1,737	·	0,370,723
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		47,180		0		47,180
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	47,180	\$ =	0	\$	47,180
Me	di-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	Ψ	6,321,763	Ψ	1,692	•	6,323,455
	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0,521,705		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.		(Ln 7 - Ln 16)		0		0		0
24.	•	(Ln 8 - Ln 17)		326		(238)		88
	Total	(Bit o Bit 17)	\$	6,322,089	- \$	1,454		6,323,543
			_		= =		-	
Me	di-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0		0
29	Total		\$_	0	\$_	0	_ \$ _	0

Placer County SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	f3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy	Regular M/Cal	EPSDT Enhanced -	Enhanced -	Total	Healthy
Legal		and EPSDT	Children	Refugees	Gross Cost	Families	and EPSDT	Children	Refugees	Gross Cost	Families
Entity	Lored Franks	Gross Cost	Gross Cost 1 N ₽	Gross Cost	(Excl. HFP) E N T	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
<u>Number</u>	<u>Legal Entity</u>	(MH 1968.	N ₽ (MH 1968,	A T 1	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968.	P A T I	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(Col. 1 to 3)	Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(Cui. 6 (0 6)	Ln 27, 27A)
			• •	·							,
	Telecare Corporation	\$ 0								1,318,250 \$	Ō
	Families First	\$ 0		0 \$						66,170 \$	0
	Crestwood Behavioral Health	\$ 0		0 \$						31,458 \$	0
	Milhous Children's Services	\$ 0		0 \$ 0 \$						165,346 \$	0
	Summitview Child	\$ 0 \$ 0	\$ 0 \$							17,640 \$	0
	Victor Treatment Center River Oak Center for Children	\$ 0 \$ 0	\$ 0 \$ \$ 0 \$	O \$						46,069 \$ 48,097 \$	U
	Willow Glen Care Center	\$ 0		0 \$						236,775 \$	0
	Charis Youth Center	\$ 0 \$		0 \$						27,633 \$	0
	Sierra Family Services	\$ 0		0 \$						361,891 \$	73
00000	Grena ranny Gervices	\$ 0		0 \$						0 \$, 0
		\$ 0		0 \$						0 \$	0
		s o		0 \$			•	•		0 \$	0
		\$ 0	•	0 \$		-	•			0 \$	Õ
		\$ 0		0 \$	0 9	0	\$ 0		0 S	0 \$	0
		š 0		0 \$	0 \$	0	\$ 0			0 \$	Ô
		\$ 0	\$ 0 \$	0 \$	0 \$	0	\$ 0	\$ 0 \$	0 \$	0 \$	0
		\$ 0	\$ 0 \$	0 \$	0 \$	0	\$ 0	\$ 0 \$	0 \$	0 \$	Ō
		\$ 0	\$ 0 \$	0 \$	0 \$	0	\$ 0	\$ 0 \$	0 \$	0 \$	0
		\$ 0	\$ 0 \$	0 \$	0 \$	0	\$ 0	\$ 0 \$	0 \$	0 \$	0
		\$ 0	\$ 0 \$	0 \$					- •	0 \$	0
		\$ O		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$			•			0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$					- ·	0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0		0 \$						0 \$	0
		\$ 0	\$ 0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0 \$	0 \$	0 \$	0
		\$ 0	\$				2,317,912	\$ 1,417 \$		2,319,329 \$	73

Placer County SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

			(11) Total	(12) Healthy	(13) Total	(14) Healthy	(15) Total	(16)	(17) Total	(18)	(19) Total
Legral			Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity			TIENT		TIENT		TENT		ATIENT	Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979.
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)	. ,		, ,	,	Ln 11-13)
00108	Telecare Corporation	\$	0								
00120	Families First	\$	0		5 0 5	0 \$	0 !				0
00241	Crestwood Behavioral Health	\$	0		•						0
00386	Milhous Children's Services	\$. 0	\$ 0	•						0
	Summitview Child	\$	0								0
	Victor Treatment Center	\$	-	\$ 0 :							0
	River Oak Center for Children	\$	0								0
	Willow Glen Care Center	\$		\$ 0 9	•						0
	Charis Youth Center	\$		\$ 0:							0
00556	Sierra Family Services	\$		\$ 0 :							0
0		0 \$					0 9				0
0		0 \$									0
О		0 \$					0 9				0
O		0 \$		•			0 9				0
O		0 \$									0
O		0 \$					0 9		0 \$		0
0		0 \$									0
0		0 \$							0 9		0
0		0 \$	0 :								0
0		0 \$							0 \$		0
0		0 \$	0 :				0 9		0 9		0
0		0 \$	0 :				0 \$				0
0		0 \$	0 :						0 \$		0
О		0 \$	0 :						0 \$		0
O		0 \$	0 :			0 \$	0 \$		0 \$		0
O		0 \$	0 9				0 \$		0 \$		0
O		0 \$	0 9								0
О		0 \$	0 \$			0 \$	0 \$		0 \$		0
О		0 \$	0 \$						0 \$		0
C)		0 \$	0 \$	0 9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
ro		0 \$	0 9	5 0 9	0 \$	0 \$	0 5	0 \$	0 \$	0 \$	0
O		0 \$	0 5	0 9	0 \$	0 \$	0 9	0 \$	0 \$	0 \$	0
ø		0 \$	0 9	0 9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 9	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0.5	0 \$	0 \$	0 \$	0 \$	0 \$		0
	GRAND TOTAL	\$			<u> </u>	0 \$	0	0 \$	2,319,329 \$	73 \$	0

Placer County SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		33	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity			TIENT	OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00108	Telecare Corporation	\$	0 \$	0 \$	0 \$	0 \$				1,103,802 \$	680,721
00120	Families First	\$	0 \$	0 \$	0 \$	0 \$			33,393 \$	33,393 \$	33,393
00241	Crestwood Behavioral Health	\$	0 \$	0 \$	0 \$	0 \$			15,855 \$	801,840 \$	15,855
00386	Milhous Children's Services	\$	0 \$		0 \$	0 \$			85,573 \$	85,573 \$	85,573
00461	Summitview Child	\$	0 \$	0 \$	0 \$	0 \$			9,065 \$	9,065 \$	9,065
00484	Victor Treatment Center	\$	0 \$		0 \$	0 \$		0 \$	23,861 \$	23,861 \$	23,861
00512	River Oak Center for Children	\$	0 \$	0 \$	0 \$	0 \$		0 \$	24,678 \$	24,678 \$	24,678
C0529	Willow Glen Care Center	\$	0 \$	0 \$	0 \$	0 \$		0 \$	121,793 \$	123,823 \$	121,793
00541	Charis Youth Center	\$	0 \$		0 \$	0 \$		0 \$	14,454 \$	14,454 \$	14,454
C0556	Sierra Family Services	\$	0 \$		0 \$	0 \$		48 \$	187,826 \$	817,210 \$	187,826
О		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
O		0 \$	0 \$		0 \$	0 \$		0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$		0 \$	0 \$		0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$		0 \$	0 \$		0 \$	0 \$	0 \$	Ď
0		0 \$	0 \$		0 \$	0 \$	-	0 \$	0 \$	0 \$	Ô
0		0 \$	0 \$		0 \$	0 \$		0 \$	0 \$	0 \$	n
C		0 \$	0 \$		0 \$	0 \$		0 \$	0 \$	0 \$	ō
	GRAND TOTAL	\$				0 \$	1,197,171 \$	48 \$	1,197,219 \$	3,037,699 \$	1.197.219

(To Sch. 1)

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	8,652,296	(9,512)	8,642,784
(2) Total SD/MC Claims	9,405,783	0	9,405,783
(3) Percent % (Line 1/Line 2)	91.99%	-0.10%	91.89%
(4) EPSDT Claims	3,205,897	0	3,205,897
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	2,949,105	(3,271)	2,945,834
(6) Cost Settled Baseline for EPSDT	786,572	0	786,572
(7) Net Cost Settlement Amount (Line 5 - Line 6)	2,162,533	(3,271)	2,159,262
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	1,050,126	(1,587)	1,048,538
(8a) FY 2001-02 EPSDT settlement	884,706	(37,783)	846,923
(8b) Annual Local Growth (L. 8 - 8a)	165,420	36,195	201,615
(9) County Match 10% of Local Growth (8b x 10%)	16,542	3,619	20,161
(10) Net cost settlement amount (L. 8 - 9)	1,033,584	(5,208)	1,028,376
(11) SGF Distribution (Settled and Audited)	1,033,584	0	1,033,584
(12) SGF Due (State)	0	(5,208)	(5,208) (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2003

FINDING - PHASE II CONSOLIDATION COSTS

Our examination disclosed that the County did not report the Phase II Consolidation of the Fee For Service Medi-Cal by discipline. Rather, the County aggregated all the disciplines and reported them separately by service functions.

The State DMH letter dated December 28, 1998 requires the County to separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by discipline or provider number.

We have identified the following disciplines: Psychiatrist, Psychologist, Licensed Social Worker (LCSW), and Marriage Family Child Counselor (MFCC) and corrected the appropriate cost per unit applicable to each discipline.

Our examination also reveal that Fee for Services Psychiatrist cost per unit for service function codes 38 and 69 are \$1.42 which are higher than contracted rates \$0.83 and \$1.17. Per County's staff the difference was due to payments made to psychiatrists that were not on the County's provider network. The County uses the services of a psychiatrist located anywhere in the state who has contracted with a psychiatric hospital to provide services to inpatients. The reason is Placer County does not have a psychiatric hospital located within the boundaries of the County. These outside network psychiatrists are reimbursed at the higher than normal reimbursement rate due to their "hospital privileges". Due to time constraint, accept County's explanation and allow reimbursement of \$1.42 for both service function codes 38 and 69.

AUDIT AUTHORITY:

Fiscal Year 2002/03 Cost Report Instructions Manual California Code Regulations, Title 9, Section 640 State DMH letter dated December 23, 1998 DMH Information Notice 97-15

RECOMMENDATION:

We recommend that the County report Phase II – Fee-For-Service units, gross cost, and total units by discipline and if applicable by service function within the discipline to reflect the actual payments made by the County. The total units of time should be capture for each discipline in order for the cost per unit to reflect the actual costs for each discipline as indicated on the letter dated December 23, 1998 sent to the Local Mental Health Administrators of the Counties particular discipline or provider number. DMH Information Notice 97-15 addressed reporting of discipline for Fee for Service Providers.

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2003

RECOMMENDATION: continued...

We also recommend that the County should exercise due care in the preparation of its cost report. All records utilized in the preparation of the SD/MC cost report must be properly documented, kept and readily available for review by auditors. Supporting documentation must be properly labeled and have an audit trail. This will facilitate the completion of the audit in a timely manner.

AUDITEE'S RESPONSE:

Placer County Mental Health concurs with the recommendation to report Fee-For-Service units, gross cost and total units by discipline and by service function. We request technical assistance with the MH1966 form to enable us to enter the Provider numbers as directed by the December 23, 1998 letter. Row 5 cells are locked and Row 6 cells are locked and have a formula =Getinfo (cell ref).

We appreciate the audit team's assistance in the audit of the Fee-For-Service program. Placer County Mental Health underwent a system conversion mid-year in 2002-2003 which involved an intense level of effort. System reporting from the "old" system for 2002-2003 was terminated and limited our ability to provide comprehensive and consistent reporting. We believe that documentation and records for succeeding years will adequately support reporting for Fee-For-Service and other programs.

Provide			_		Provider Number	No. of Adj.	1	eriod Ended
	PLACER CO				00031	64	June	30, 2003
	Report Refe	erence				As	Increase	As
Adj. N o.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST				
1 2 3 Info	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on percentage of audited Medi-Cal costs (including crossover oper form MH 1968 to total costs per Form MH1964 in accordance with		\$ 962,124 0 1,004,848 \$ 1,966,972	\$ 32,956 13 (32,969)	\$ 995,080 13 971,879 \$ 1,966,972
4 5 6 Info	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	report instructions. SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal assed on percentage of audited Medi-Cal costs per form MH 1968 to to costs per Form MH1964 in accordance with cost report instruction.	al	\$ 104,338 134,492 192,626 \$ 431,456	\$ 3,573 4,605 (8,178)	\$ 107,911 139,097 184,448 \$431,456
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

_			Provider Number	No. of Adj.	1	eriod Ended
COUNTY			00031	64	June	30, 2003 T
Reference				As	Increase	As
1	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
		ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
6A 3	B C D	FFS 15-18 FFS 15-38 FFS 15-68 To eliminate the reported Fee For Services (FFS) costs as these cost not broken down by each discipline. Costs will be redistributed after a to FFS costs by each discipline to agree with the County records.	s were adjustments	\$ 47,063 446,668 26,428 \$ 520,159	\$ (47,063) (446,668) (26,428)	\$ 0 0 0 \$ 520,159
6A 3 6A 3 6A 3 6A 3 6A 3 6A 3	B C D E F G H I	FFS PSYCHIATRIST FFS PSYCHIATRIST FFS PSYCHOLOGIST FFS PSYCHOLOGIST FFS PSYCHOLOGIST FFS LCSW FFS LCSW FFS LCSW FFS MFCC TOTAL To reallocate Fee for Service costs to each discipline provider and service function code to agree with County records. CMS PUB. 15-1 SEC. 2304		\$ 0 0 0 0 0 0 0 0 \$ 520,158	\$ 2,092 7,064 1,292 39,734 11,907 103,904 35,815 318,350 \$ 0	\$ 2,092 7,064 1,292 39,734 11,907 103,904 35,815 318,350 \$ 520,158
6666	6A 3 6A 3 6A 3 6A 3 6A 3 6A 3 6A 3 6A 3	Reference Line Col. 66A 3 B 66A 3 C 66A 3 D 66A 3 C	EXPLANATION OF AUDIT ADJUSTMEN	Reference	COUNTY Col. EXPLANATION OF AUDIT ADJUSTMENTS As Reported	Reference

Provide	r PLACER COL	INTY			Provider Number 00031	No. of Adj.		eriod Ended 30, 2003
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
140.	GGI.	Line	001.	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
18 19 20 21 22 23 24 25 26 27 28 Info.	MH1966A MH1966A MH1966A MH1966A MH1966A MH1966A MH1966A MH1966A MH 1966A MH 1966A MH 1966A	4 4 4 4 4 4 2 2 2 2	B C D E F G H I B C D	FFS PSYCHIATRIST FFS PSYCHIATRIST FFS PSYCHOLOGIST FFS PSYCHOLOGIST FFS PSYCHOLOGIST FFS LCSW FFS LCSW FFS LCSW FFS MFCC FFS MFCC To adjust the cost per unit of the program II expenditures to agree with County records. CMS PUB. 15-1 SEC. 2304 ADJUSTMENTS TO REPORTED TOTAL UNITS TOTAL UNITS-MODE 15-18 FFS TOTAL UNITS-MODE 15-68 FFS TOTAL UNITS-MODE 15-68 FFS TOTAL To eliminate the reported Fee For Services (FFS) units as these units not broken down by each provider discipline. Units will be redistribute adjustment to FFS units by each discipline to agree with the County re CMS PUB. 15-1 SEC. 2304	s were ed after	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 1.42 1.42 0.74 0.74 0.74 0.84 0.84 (60,582) (574,975) (4,980)	\$ 1.42 1.42 0.74 0.74 0.74 0.74 0.84 0.84
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide	r				Provider Number	No. of Adj.		eriod Ended
	PLACER CO	UNTY			00031	64	June 3	30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL U	NITS			
				MODE S	<u>SF</u>			
29	MH1966A	2	B	FFS PSYCHIATRIST 15-38		0	1,475.00	1,475
30	MH1966A	2	c	FFS PSYCHIATRIST 15-69		0	4,980.00	4,980 1,740
31	MH1966A	2	D	FFS PSYCHOLOGIST 15-18		0	1,740.00 53.510.00	53,5 1 0
32	MH1966A	2	E	FFS PSYCHOLOGIST 15-38		0	,	16,155
33	MH1966A	2	F	FFS LCSW 15-18			16,155.00 140,968.00	140,968
34	MH1966A	2	G	FFS LCSW 15-38			42,687.00	42,687
35	MH1966A	2	H	FFS MFCC 15-18 FFS MFCC 15-38		0	379,437.00	379,437
36	MH1966A	2	1				640,952	640,952
Info.				TOTAL				
				To reallocate Fee for Service total units to each provider discipling	e and			
				service function code to agree with County records.				
				CMS PUB. 15-1 SEC. 2304				
				ADJUSTMENTS TO REPORTED UNITS - COUNTY	PROVIDERS			
37	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS 51.409	6	395,974	(1,736)	394,238
38	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.409		3,671	7,654	11,325_
39	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	0	399,645	5,918	405,563
4.0				TOTAL MEDI-CAL UNITS 51.649	4	1,076,429	82,406	1,158,835
40	MH 1966A MH 1966A	8A 9A	TOTAL	TOTAL MEDI-CAL UNITS 51.649 TOTAL MEDI/MEDI UNITS 51.649		11,013	15,435	26,448
42	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.649		1,087,442	97,841	1,185,283
				To adjust Medi-Cal and Medi/Medi Program I units to agree with	the State Department of			
				Mental Health Summary of Approved Claims. Copies of working	detailing adjustments by			
				service functions have been provided to the County. See the Mh	l 1970 worksheets,			
				which reflects the units for the three (3) reimbursement periods.				
	ŀ							
	\		\ \					
				Balance carried forward to subsequent adjustment.				
I	I	i	Il	** Balance brought forward from prior adjustment.		<u> </u>	<u> </u>	<u>_</u>

Provide	Г				Provider Number	No. of Adj.	Fiscal Per	iod Ended
	PLACER CO	YTMU			00031	64	June 3	0, 2003
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	· · · · · · · · · · · · · · · · · · ·	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVID	DERS			
43 44	MH 1966A MH 1966A	8 + 9 8A + 9A	Total Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%	**	405,563 1,185,283	(5,918) (97,841)	399,645 * 1,087,442 *
				To adjust Medi-Cal plus Medi/Medi units to reflect the lower of the Cost F or the State Department of Mental Health Summary of Approved Claims.	Report			
45 46	MH 1966A MH 1966A	8 + 9 8A + 9A	Total Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%	**	399,645 1,087,442	(3,671) (11,013)	395,974 * 1,076,429 *
				To identify Medi/Medi units for settlement purposes.				
Info. 47	MH 1966A MH 1966A	8 + 9 8A + 9A	Total Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%	**	395,974 1,076,429	0 (12)	395,974 1,076,417
				To adjust Medi-Cal units plus Medi-Medi units to reflect UR disallowance per County records.	s units			
48 Info. 49	MH 1966A MH 1966A MH 1966A	8 9 8+9	TOTAL TOTAL TOTAL	TOTAL MEDI-CAL UNITS 51.40% TOTAL MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%		99,643 0 99,643	27,800 0 27,800	127,443 0 127,443_ *
50 Info. 51	MH 1966A MH 1966A MH 1966A	8A 9A 8A + 9A	TOTAL TOTAL	TOTAL MEDI-CAL UNITS 51.64% TOTAL MEDI/MEDI UNITS 51.64% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%		412,410 0 412,410	1,440 0 1,440	413,850 0 413,850 *
51	WH 1900A	OA + 5A	TOTAL	To adjust SD/MC program II units to agree with the State Department of Normary of Approved Claims. Copies of working papers detailing adjust service functions have been provided to the County. See the MH 1970 with which reflects the units for the three (3) reimbursement periods.	ments by	412,410		413,630
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r PLACER CO	UNTY			Provider Number 00031	No. of Adj. 64	Fiscal Peri 06/3	
	Report Ref					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY				
52 53	MH 1966A MH 1966A	8 + 9 8A + 9A	TOTAL TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%	**	127,443 413,850	(26,600) 3,755	100,843 * 417,605 *
				To adjust SD/MC program II units to agree with County records. Copies of papers detailing adjustments by service functions have been provided to the MH 1970 worksheets, which reflects the units for the three (3) reimbut	the County. See			
Info. 54	MH 1966A MH 1966A	8 + 9 8A + 9A	Total Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.64%	**	100,843 417,605	0 (455)	100,843 417,150
				To adjust Medi-Cal plus Medi/Medi units to the lesser of the DMH Summary of Approved Claims or the County records.				
55 56	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/ TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/		900 6,005	60 (305)	960 * 5,700 *
				To adjust Children Enhance units to agree with the State Department of Mental Health Summary of Approved Claims report.				
57 58	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30// TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30//	·- I	960 5,700	360 (415)	1,320 * 5,285 *
				To adjust Children Enhanced units to agree with County records.				
59 60	MH 1966A MH 1966A	10 10A	TOTAL TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30// TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30//		1,320 5,285	(360) 360	960 5,645
				To adjust Children Enhanced units to the lesser of DMH Summary of Approved Claims or the County records.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	PLACER CO	UNTY	 -		Provider Number 00031	No. of Adj. 64	1	eriod Ended /30/03
	Report Refe	erence			-	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT				
61 62 63 Info. Info.	MH 1979 MH 1979 Sch. 3b Sch. 3b	21 27 Total Total	J J 24 25	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PRO To adjust Total SD/MC Reimbursement (FFP) due to the adjustments reported costs and units for the County and Contract Providers		\$ 3,888,788 214 1,203,533 48 \$ 5,092,583	\$ 22,017 (147) (6,362) 0 \$ 15,506	\$ 3,910,805 67 1,197,171 48 \$ 5,108,091
64	Sch. 4			EPSDT - SGF To adjust the final settlement under EPSDT program to reflect the adjusted to costs and units of service/time.	iustments	\$ 1,033,584	\$ (5,208)	\$ 1,028,376
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: Placer County County Code: 31

	Legal Entity: Placer County	A	В	С
Leg	gal Entity Number: 00031	Salaries		Total
,		and Benefits	Other	Costs
1	Mental Health Expenditures	23,894,489	19,724,084	43,618,573
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(6,195,817)	(6,195,817)
4	Other Adjustments (Provide Detail)	(12,533,455)	(9,470,582)	(22,004,037)
5	Total Costs Before Medi-Cal Adjustments	11,361,034	4,057,685	15,418,719
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			15,418,719
	Administrative Costs (County Only)			
9	SD/MC Administration			995,080
10	Healthy Families Administration			13
11	Non-SD/MC Administration			971,879
12	Total Administrative Costs			1,966,972
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			107,911_
14	Other SD/MC Utilization Review			139,097
15	Non-SD/MC Utilization Review			184,448
16	Total Utilization Review Costs			431,456
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			13,020,291
	T			15 110 310
<u> [19</u>	Total Costs - Lines 9 through 18			15,418,719

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: Placer County County Code: 31

	Legal Entity: Placer County	A
Le	gal Entity Number: 00031	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,020,291
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	1,120,336
4	Day Services (Mode 10)	2,912,175
5	Outpatient Services (Mode 15 Program 1 + Program 2)	7,472,857
6	Outreach Services (Mode 45)	882,496
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	632,427
9	Total - Lines 2 through 8	13,020,291

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (10/04)

County: Placer County
County Code: 31

Legal Entity: Placer County Legal Entity Number: 00031 Mode: 05 - Other 24	Hour Services (All	Other SFC)	A Mode Total	B Service Function	C Service Function	Service Function	Service Function	F Service Function	G Service Function
	,			65					
1 Allocation Percentage			100.00%	100.00%					ļ
2 Total Units				8,291			ļ		
3 Gross Cost		000000000000000000000000000000000000000	1,120,336	1,120,336		20300000000			(North Contractor
4 Cost per Unit				135.13					
5 SMA per Unit				130.33					
6 Published Charge per Unit				133.75			ļ.—.—		
7 Negotiated Rate / Cost per Unit	*****						400000000000000000000000000000000000000		
8 Medi-Cal Units		07/01/02 - 09/30/02		795					
8A Medi-Cai Onits		10/01/02 - 06/30/03		3,321					
9 Medicare/Medi-Cal Crossover U	nite	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
Enhanced SD/MC (Children) Unit	is	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03				<u> </u>			
10B Enhanced SD/MC (Refugees) Ur	nits	07/01/02 - 06/30/03							
Healthy Families (SED) Units		07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12 Non-Medi-Cal Units		athanana d anananan		4,175	*************				2525 t. t. t. t. t. t
13 Medi-Cal Costs		07/01/02 - 09/30/02	107,426	107,426					
13A Wed-Car Costs		10/01/02 - 06/30/03	448,756	448,756					
Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	103,612	103,612					
14A		10/01/02 - 06/30/03	432,826	432,826					
Medi-Cal Published Charges		07/01/02 - 09/30/02	106,331	106,331					
15A		10/01/02 - 06/30/03	444,184	444,184					
Medi-Cal Negotiated Rates		07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03		,.,.				*************	
17 Madisara/Madi Cal Crassavar Ca	edicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	7515	10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SM	ΔΔ Lloner Limits	07/01/02 - 09/30/02							
18A	W Copper Limits	10/01/02 - 06/30/03							
19 Medicare/Medi-Cal Crossover Pu	blished Charges	07/01/02 - 09/30/02							
19A)		10/01/02 - 06/30/03							
20 Medicare/Medi-Cal Crossover Ne	egotiated Rates	07/01/02 - 09/30/02							
20A	***************************************	10/01/02 - 06/30/03				******************			*************
Enhanced SD/MC Costs		07/01/02 - 09/30/02							
21A Enhanced SD/MC Costs		10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Lin	mits	07/01/02 - 09/30/02							
ZZA		10/01/02 - 06/30/03							
Enhanced SD/MC Published Cha	rnes	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Ra	tes	07/01/02 - 09/30/02							
24A Chilaneed Sphile Negotiated Na		10/01/02 - 06/30/03						****	nananana
25 Enhanced SD/MC (Refugees) Co		07/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) SM		07/01/02 - 06/30/03							
27 Enhanced SD/MC (Refugees) Pu		07/01/02 - 06/30/03							
28 Enhanced SD/MC (Refugees) Ne	gotiated Rates	07/01/02 - 06/30/03							
29 Handbu Familian Costs		07/01/02 - 09/30/02				.a.a	::::::::::::::::::::::::::::::::::::		<u></u>
Healthy Families Costs	l	10/01/02 - 06/30/03							
30		07/01/02 - 09/30/02							
Healthy Families SMA Upper Limi	ιτs	10/01/02 - 06/30/03							
21	-	07/01/02 - 09/30/02							
Healthy Families Published Charg	jes	10/01/02 - 06/30/03		1					
32 Haalthy Familias Nagatisted Bata		07/01/02 - 09/30/02			_				
Healthy Families Negotiated Rate	· >	10/01/02 - 06/30/03							
3 Non-Medi-Cal Costs		<u>an an a</u>	564,154	564,154	.5.5.022.00.00.00.00.00.00.00.00.00.00.00.00	<u> </u>		15.545.545.545.54	unuuguss

DETAIL COST REPORT

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DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

S - MODE TOTAL DETAIL COST REPORT

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County: Placer County County Code: 31

	County Code: 31				CIX	UK .	_		
	Legal Entity: Placer County	·	A	В	С	_ D	E	F	G
Leg	al Entity Number: 00031			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			1 1	85	91	95			
1	Allocation Percentage		100.00%	17.55%	0.06%	82.39%			
2	Total Units			2,776	23	20,098			
3	Gross Cost		2,912,175	511,163	1,759	2,399,253			
300		<u>Taraja (antaja garanja au</u>		0.0000000000			<u> Mariadarian</u>		<u> </u>
4	Cost per Unit			184.14	76.49	119.38			
5	SMA per Unit			177.60	73.77	115.14			
	Published Charge per Unit	.	100000000000000000000000000000000000000	182.29	75.73	118.18			
7	Negotiated Rate / Cost per Unit						 	<u> </u>	
8		07/01/02 - 09/30/02		290	13	2,953			
8A	Medi-Cal Units	10/01/02 - 06/30/03		1,031	2	9,081			
9		07/01/02 - 09/30/02		1,001		5,001			
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		_				-	
10		07/01/02 - 09/30/02		_				 	
	Enhanced SD/MC (Children) Units								
10A	E-1	10/01/02 - 06/30/03			-				
-	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							—
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							——
12	Non-Medi-Cal Units			1,455	8	8,064		************	
13	<u>eliku kungang kang kang kang kang kang kang palikang kunung kang kang kang kang kang kang kang ka</u>	07/01/02 - 09/30/02	406,916	53,400	994	352,522			
13A	Medi-Cal Costs	10/01/02 - 06/30/03	1,274,066	189,845	153	1,084,069			
14		07/01/02 - 09/30/02	392,471	51,504	959	340,008			
	Medi-Cal SMA Upper Limits				148				
14A		10/01/02 - 06/30/03	1,228,839	183,106		1,045,586			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	402,834	52,864	984	348,986			
15A	<u> </u>	10/01/02 - 06/30/03	1,261,285	187,941	151	1,073,193			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					_		
16A		10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02		1-	************			************	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03				-		_	
18		07/01/02 - 09/30/02	-						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	-			 			
		07/01/02 - 09/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
19A									
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	 	10/01/02 - 06/30/03					*.*		*.*.*.*.*.*.
21		07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03					-		
22		07/01/02 - 09/30/02						-	
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03		 -					
_		07/01/02 - 09/30/02							
23	Enhanced SD/MC Published Charges		 						
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03	<u> </u>		**********		************		and the second
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	 	- 1	-				
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	+						
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
::::	included the control of the control			ordina deleter	ordere bester		<u> District de la Balance</u>	marana da kabu d	<u> Harania</u>
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A	Today , analog doorg	10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03							
31	IIMt. FII Rublished Ch	07/01/02 - 09/30/02		_					
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32		07/01/02 - 09/30/02	 						
	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
32A									

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County Code: 31			CR	CR	CR	CR	CR	
	Legal Entity: Placer County		A	_B	C	D	E	F	G
Le	gal Entity Number: 00031			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Functio
				01	10	30	60	70	
1	Allocation Percentage		100.00%	9.05%	9.76%	50.38%	26.42%	4.40%	
2	Total Units			342,610	286,633	1,480,029	418,320	86,347	
3	Gross Cost		6,944,876	628,739	677,576	3,498,662	1,834,619	305,280	
4	Cost per Unit	***************************************		1.84	2.36	2.36	4.39	3.54	*
5	SMA per Unit			1.77	2.28	2.28	4.23	3.41	
6	Published Charge per Unit	•		1.82	2.33	2.33	4.32	3.51	
7	Negotiated Rate / Cost per Unit					_	_		
8	<u> </u>	07/01/02 - 09/30/02		84,628	41,508	186,455	60,845	18,487	ranarana (<u>Tari</u>
8A	Medi-Cal Units	10/01/02 - 06/30/03		144,685	105,887	603,129	172,860	36,421	
9				144,000	100,007	603,129	3,671	30,421	
9 <u> </u>	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03					11,013		
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02			40	4 075	445		
10A	Enhanced SD/MC (Refusees) Units	10/01/02 - 06/30/03		 +	40	1,375	415		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	Non-Medi-Cal Units	10/01/02 - 06/30/03		112 207	130 400	600.070	160 510	31,439	
12	INOTIFICATION OF THE PROPERTY	<u> </u>		113,297	139,198	689,070	169,516	and the state of t	44444
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,026,397	155,305	98,121	440,764	266,847	65,361	
13A	Wedi-Cai Costs	10/01/02 - 06/30/03	2,828,447	265,518	250,308	1,425,745	758,109	128,767	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	989,962	149,792	94,638	425,117	257,374	63,041	
14A	Wedi-Cal SWA Opper Links	10/01/02 - 06/30/03	2,728,042	256,092	241,422	1,375,134	731,198	124,196	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,012,917	154,023	96,714	434,440	262,850	64,889	
15A	Wed-Cal rubilshed Charges	10/01/02 - 06/30/03	2,789,927	263,327	246,717	1,405,291	746,755	127,838	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	Medi-Cai Negolated Nates	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02	16,100				16,100	• • • • • • • • • • • • • • • • • • • •	<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	48,300				48,300		
18		07/01/02 - 09/30/02	15,528				15,528		
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	46,585				46,585		
19		07/01/02 - 09/30/02	15,859	-			15,859		
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	47,576				47,576		
20		07/01/02 - 09/30/02	41,510	+			47,570		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	 			 +		-	
*****	naadaanaanaa da Toolaanada da da dagaaada da da			summer and	444444444	iacetranaari	market en en en e	terrenenderer	<u></u>
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	5,165		95	3,250	1,820		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
2A		10/01/02 - 06/30/03	4,982		91	3,135	1,755		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	5,090		93	3,204	1,793		
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							_
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		,.,.;;,,,,,,,,;;;;;;				************	<u>.4.4.2.2</u> ,2552
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	 						
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	 -						
-	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					-	+	
• • • •	- Control of the Cont		0000000000000000000000000000000000000	00/10/00/00/00	100000000000000000000000000000000000000	audre-ritalia	necessaries	<u>-</u>	1-1-1-1-1-1-1-1
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A	<u> </u>	10/01/02 - 06/30/03	<u> </u>						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	ļļ						
OA.	`	10/01/02 - 06/30/03		\longrightarrow					
1	Healthy Families Published Charges	07/01/02 - 09/30/02	<u> </u>						_
1A		10/01/02 - 06/30/03							
2	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
2A	medicity ratifiles negotiated reales	10/01/02 - 06/30/03							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Placer County County Code: 31			MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: Placer County		Α	В	С	D	E	F	G
Legal Entity Number: 00031 Mode: 15 - Outpatient (Program 2)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			38	69	18	38	18	38
Allocation Percentage		100.00%	0.40%	1.34%	0.24%	7.53%	2.26%	19.689
2 Total Units			1,475	4,980	1,740	53,510	16,155	140,96
Gross Cost		527,981	2,092	7,064	1,292	39,734	11,907	103,90
Cost per Unit			1,42	1.42	0.74	0.74	0.74	0.74
SMA per Unit			2.28	4.23	2.28	2.28	2.28	2.28
Published Charge per Unit								
Negotiated Rate / Cost per Unit								
	07/01/02 - 09/30/02		700	406		9.160	2.200	24.00
Medi-Cal Units			760	485 3,495		8,160	2,280	24,993
	10/01/02 - 06/30/03		230	3,495	660	28,910	8,510	85,404
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC Units	07/01/02 - 09/30/02				400			60
OA Enhanced SD(MC (Refugees) Units	10/01/02 - 06/30/03	[:::::::::::::::::::::::::::::::::::::	95	360	120		420	72
0B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02							120
1A	10/01/02 - 06/30/03						!	
2 Non-Medi-Cal Units			390	640	960	16,440	4,945	29,671
3 Madi Cal Casta	07/01/02 - 09/30/02	81,762	1,078	688		6,059	1,680	18,422
Medi-Cal Costs	10/01/02 - 06/30/03	341,888	326	4,958	490	21,467	6,272	62,949
4 Madi Cal SMA Unacticita	07/01/02 - 09/30/02	230,868	1,733	2,052		18,605	5,198	56,984
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	958,093	524	14,784	1,505	65,915	19,403	194,72
5 Medi-Cal Published Charges	07/01/02 - 09/30/02		į.				_	
5A Medi-Cai Fublished Charges	10/01/02 - 06/30/03							
6 Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
6A Neui-Cai Negotiateo Rates	10/01/02 - 06/30/03							
7	07/01/02 - 09/30/02	2,000,000,000,000	<u>, , , , , , , , , , , , , , , , , , , </u>		200000000000000000000000000000000000000	(*)(d ₁ , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	.,.,	<u> versender et </u>
7A Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	 		_ +				
8 14 5 74 5010	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
0	07/04/02 00/20/02							
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03			_	 +			
	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	 		+				
<u>aran kanggapat makalah makang bagapat ang bagapat da ang bagapat ang bagapat ang bagapat ang bagapat ang bagap</u>		0.010.00.00.00.00.00	<u> </u>	and the second second	<u> Grandelski kanala</u>	ererererererere	Name and the second	<u>स्थलकात्त्रक्त</u> ्रक्त्
Enhanced SD/MC Costs	07/01/02 - 09/30/02	799						44
1A	10/01/02 - 06/30/03	3,337	135	511	89		310	531
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	2,189		\	_			137
<u></u>	10/01/02 - 06/30/03	9,400	217	1,523	274		958	1,642
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
<u> </u>	10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
4A	10/01/02 - 06/30/03							
5 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
6 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03		1					
7 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
B Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03			1				
<u>era kinantan ana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar</u>	<u> Paradada (adada parada) aga paga paga ba</u>			<u> </u>				<u> </u>
9 Healthy Families Costs	07/01/02 - 09/30/02	88						88
9A	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	274						274
JA	10/01/02 - 06/30/03							_
Healthy Families Published Charges	07/01/02 - 09/30/02	L						
1A	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
2A	10/01/02 - 06/30/03							
Non-Medi-Cal Costs	<u> </u>	100,106	553	908	713	12,208	3,645	21,870

County: Placer County

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

_	County Code: 31		MHS	MHS	ASO	ASO			
Ļ	Legal Entity: Placer County		Н		J	K		M	N
Le	gal Entity Number: 00031		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function 30	Function	Function	Function	Function
1	Allocation Percentage		18 6.78%	38 60.30%	1.46%	60 0.02%		 -	
<u>-</u>	Total Units		42,687	379,437	6,615	90		 	
3	Gross Cost		35,815	318,350	7,718	105		 	
ž									194 <u>2 (44</u> 492
4_	Cost per Unit		0.84	0.84	1.17	1.17			
5_	SMA per Unit		2.28	2.28	2.28	4.23		 	
6	Published Charge per Unit Negotiated Rate / Cost per Unit							<u> </u>	
<u>,</u>	Negotiated Rate / Cost per Onit			1011111111111111	<u> </u>				
8	Medi-Cal Units	07/01/02 - 09/30/02	5,085	59,080					
A8	medi-dai briks	10/01/02 - 06/30/03	21,675	261,666	6,510	90			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9 <u>A</u>	Wedical crivical crossover criss	10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02		900					
10A		10/01/02 - 06/30/03	120	1,980					
10E	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	L	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		15,807	55,811	105		···		
13		07/01/02 - 09/30/02	4,266	49,568			<u></u>		<u> tatarana sanjaanin</u>
13A	Medi-Cal Costs	10/01/02 - 06/30/03	18,186	219,539	7,595	105			
14		07/01/02 - 09/30/02	11,594	134,702			-		
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	49,419	596,598	14,843	381			
15		07/01/02 - 09/30/02	10,110		- 1,0 ,0		_		
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03		-					
16		07/01/02 - 09/30/02		-					
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
	<u> </u>	<u> </u>		and a great and a	and the same	EE CONTRACTOR OF	<u> अवस्तर वृत्तरस्य स्</u>		
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03				 i			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A 19		10/01/02 - 06/30/03							
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
	<u> </u>	10/01/02 - 06/30/03 07/01/02 - 09/30/02			+				
20 20A	Medicare/Medi-Cal Crossover Negotiated Rates					+			
		10/01/02 - 06/30/03		organists of the second				rebrerorenses	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		755					
21A	Enhanced Sprinc Costs	10/01/02 - 06/30/03	101	1,661					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02		2,052					
22 <u>A</u>	Etilianoca Contro Gita i Opper Etilito	10/01/02 - 06/30/03	274	4,514					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
2 <u>3</u> A	Zimened Objitio i delibiled Ollarges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	EE. CO. IIIO TTOGONAROU TTARES	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						<u> </u>	<u> </u>
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03			+	 +			
			20000			2000			<u>स्त्रकात्रका</u> त्रम्
29	Healthy Families Costs	07/01/02 - 09/30/02							
9A	<u> </u>	10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	, , , , , , , , , , , , , , , , , , , ,	10/01/02 - 06/30/03							
	Healthy Families Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	1	- 1	1	1	I		
31 31A			+			+			
31A 32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
31A	Healthy Families Negotiated Rates								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: Placer County County Code: 31

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DETAIL COST REPORT

	Legal Entity: Placer County	Α	В	С	D	E	F	G
Le	gal Entity Number: 00031		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2_	Total Units		10,704					
3	Gross Cost	882,496	882,496					
4	Cost per Unit		82.45					<u> </u>
5	Non-Medi-Cal Units		10,704					
6	Non-Medi-Cal Costs	882,496	882,496				<u> </u>	1212121212111212121212121212121212121212

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: Placer County County Code: 31 CR

	Legal Entity: Placer County	Α	В	С	D	Ε	F	G
Le	gal Entity Number: 00031		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		31,430					
3	Gross Cost	632,427	632,427					
10111								
4	Cost per Unit		20.12					1
5	Non-Medi-Cal Units (Same as Line 2)		31,430					
6	Non-Medi-Cal Costs (Same as Line 3)	632,427	632,427				\$	

Fiscal Year 2002-2003

County Code: 31 Legal Entity: Placer County			REIMBURSEMENT TYP					SMA			Costs	 	
			_ A	<u> </u>	l c	D	E	₽ F	G	Н		J	K
Lega	Entity Number: 00031		_	Mada 66		Tatal	Total	1			Total		Total
			_	Mode 55 S. F.'s 11-19,	1	Total MAA	Inpatient Mode 05-	Mode 05-All	T	Mode 15	Outpatient Exclude	Mode 15	Outpatier (Col I + Col
			S. F.'s 01-09	31-39	S. F.'s 21-29	1	Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	(0011-00
1_	Medi-Cal Costs	07/01/02 - 09/30/02						107,426	406,916	1,026,397	1,540,739	81,762	1,622,
1A]		10/01/02 - 06/30/03					1	448,756	1,274,066	2,828,447	4,551,269	341,888	4,893,
2	Medi-Cal SMA	07/01/02 - 09/30/02					<u> </u>	103,612	392,471		1,486,046	230,868	1,716,
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02						432,826			4,389,708	958,093	5,347
BA	Medi-Cal P. C.	10/01/02 - 06/30/03	244444444444				1 ——	106,331					1,522
4		07/01/02 - 09/30/02					! — —	444,184	1,261,285	2,789,927	4,495,396		4,495,
4A	Medi-Cal N. R.	10/01/02 - 06/30/03					 	1					
200		07/01/02 - 09/30/02						402.612	202.474	000.000	1 400 040	04.700	4.507
5A	Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03					 	103,612 432,826	392,471 1,228,839	989,9 <u>62</u> 2,728,042	1,486,046 4,389,708	81,762 341,888	1,567 4,731
····	ananganana atawa tahiji sahatana grafananana sahara sahara sahara				! ::::::::::::::::::::::::::::::::::::		<u> </u>	702,020	1,220,000		**************************************	341,000	* . * . * . * . * . * . * . * . *
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03	- 1000000000000000000000000000000000000				 	 		16,100 48,300	16,100 48,300	}	16
7		07/01/02 - 09/30/02	100000000000000000000000000000000000000				1	 	 	15,528			48 15
7	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03					 			46,585	46,585	 	45
3	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								15,859	15,859		15
BA		10/01/02 - 06/30/03								47,576	47,576		47
9	Medicare/Medi-Cal Crossover N. R	07/01/02 - 09/30/02					ᆜ				L		
DA .		10/01/02 - 06/30/03					1	lanaanaan r	Barrer er	1000000000	lanasaan.		*********
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02					1			15,528	15,528		15
10A		10/01/02 - 06/30/03								46,585	46,585		46
11	Total SDMC + Communication Principles	07/01/02 - 09/30/02					1	103,612	392,471	1,005,491	1,501,574	81,762	1,583
11A	Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03					1	432,826		2,774,627	4,436,293	341,888	4,778
	en e	07/01/02 - 09/30/02									*****	799	
2A	Enhanced SD/MC (Children) Cost	10/01/02 - 06/30/03						 		5,165	5,165	3,337	8
40	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								3,103	3,103	2,189	2
13A	Enhanced SU/MC (Children) SMA	10/01/02 - 06/30/03								4,982	4,982	9,400	14
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03	141111111111111111111111111111111111111							5,090	5,090		5
5	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02					 			ļ — — —			
5A		10/01/02 - 06/30/03						************	2-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	************	3747.747. 4747.4		
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								l		799	
16A		10/01/02 - 06/30/03					***********	**************	. 1 . 1 . 7 . 2 . 2 . 2 . 2 . 2 . 2 . 2	4,982	4,982	3,337	
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
	era kara da diserbita kara da kara kara kara kara da kara kara kara ka	arage for a restrict and a restrict are a restrict are a re-					. 4 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7 . 7	202000000000000000000000000000000000000		57,7,7,7,7,7,7,7,7			**********
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						103,612	392,471	1,005,491	1,501,574	<u>82,56</u> 1	1,584,
1A (Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03						432,826	1,228,839	2,779,609	4,441,274	345,225	4,786,
2	Ennanced Strinc (Refugees) Gross Reim.	07/01/02 - 06/30/03											
3	Healthy Families Cost	07/01/02 - 09/30/02										88	
23A		10/01/02 - 06/30/03					L						
14	Healthy Families SMA	07/01/02 - 09/30/02										274	
4A		10/01/02 - 06/30/03	100000000000000000000000000000000000000							-			
5A	Healthy Families P. C.	10/01/02 - 06/30/03					-			<u> </u>			
26	Healthy Families N. R.	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Healthy Families Const Sain	07/01/02 - 09/30/02					*************		*.*.*.*!*!*!			88	<u> </u>
7A	Healthy Families Gross Reim.	10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
8	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							1,459	12,225	13,684		13,
8A	Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03							1,566	31,930	33,496	_	33,
9	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues		13333333										
1	Healthy Families Revenues												
	anananan arafa aran sasaran aran aran aran aran aran aran aran	<u></u>	4	**********			1000000000000000000000000000000000000	20000000		3000000000		mananan	
3	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)		010100000000000000000000000000000000000		<u> </u>								
	Revenue - MAA			151515151515151515	100000000000000000000000000000000000000								
<u> </u>	000000000000000000000000000000000000000	Tozina ina compilea											
5 1	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	-	inidate de la company	33333333	taninini deletetete		103,612	391,012	993,266	1,487,890	82,561	1,570,
5A	Net Due - Enhanced SD/MC (Refugees)	110/01/02 - 00/30/03						432,826	1,227,273	2,747,679	4,407,778	345,225	4,753,
7 .		07/01/02 - 09/30/02						 				88	
7A	Net Due - Healthy Families	10/01/02 - 06/30/03										- 66	_
	Amount Negotialed Rates Exceed Costs	<u>State Constitutions of the Constitution of th</u>	1							3700000		200000000000000000000000000000000000000	111 (111)
		07/01/02 - 09/30/02	100000000000000000000000000000000000000						<u>enteriori</u>				
8A	SD/MC (Includes Children)	10/01/02 - 09/30/02	100000000000000000000000000000000000000										
9	Enhanced SD/MC (Refugees)	,								-			
ŏ	Healthy Families	07/01/02 - 09/30/02											
DΑ	ready families	10/01/02 - 06/30/03	10.00						$\overline{}$				

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County Placer County County Code: 31		REIMBURSE			EMENT TYPE	PC	SMA			1	Costs	1	
Legal Entity: Placer County		A	В	С	D	E	F	G	Н		1	К	
Leg	at Entity Number: 00031		1	Mode 55		Total	Total Inpatient				Total Outpatient		Total Outpatient
				S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
1		07/01/02 - 09/30/02	S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other 107,426	Mode 10 406,916	Program (1) 1,026,397	Program (2) 1,540,739	Program (2) 81,762	1,622,502
1A	Medi-Cal Costs	10/01/02 - 06/30/03						448,756	1,274,066	2,828,447	4,551,269	341,888	4,893,157
2	Medi-Cal SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						103,612	392,471	989,962	1,486,046	230,868	1,716,914
2A 3	Medi-Cal P. C.	07/01/02 - 09/30/02					1	432,826 106,331	1,228,839				5,347,801 1,522,082
3A	Medi-Cal P. C.	10/01/02 - 06/30/03						444,184					4,495,396
4 4A	Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	100000000000000000000000000000000000000				 	-	<u> </u>	-			
	***********************						20000000000	400.040	200 474		4 400 040		
5 5A	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03						103,612 432,826	392,471 1,228,839	989,962 2,728,042			1,567,808 4,731,596
6		07/01/02 - 09/30/02					:			16,100	3		16,100
6A	Medicare/Medi-Cal Crossover Cost	10/01/02 - 06/30/03								48,300	48,300		48,300
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					1			15,528			15,528
7A 8	M. f M. f. O. l. O	10/01/02 - 06/30/03 07/01/02 - 09/30/02	100000000000000000000000000000000000000]			46,585 15,859			46,585 15,859
BA.	Medicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03								47,576	47,576		47,576
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					1				_		_
10000		07/01/02 - 09/30/02					<u> laccaciones</u>			25.50	15.50		1414444444
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03					1					 	15,528 46,585
11		07/01/02 - 09/30/02					121111111111111	103,612	392,471	1,005,491		91.763	
11A	Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03					1	432,826	1,228,839	2,774,627	4,436,293	81,762 341,888	1,583,336 4,778,181
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02							*************	interes laterates	4 - Satura - Transactura	799	799
12A	Elitaliced Spring (Crindlen) Cost	10/01/02 - 06/30/03								5,165	5,165	3,337	8,502
13 13A	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03								4,982	4,982	2,189 9,400	2,189 14,382
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02										3,700	
14A 15		10/01/02 - 06/30/03 07/01/02 - 09/30/02					1			5,090	5,090		5,090
15A	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03					1				1		
16	Edward (Object of Control of Cont	07/01/02 - 09/30/02								*************		799	799
16A	Enhanced SD/MC (Children) Gross Reim.	10/01/02 - 06/30/03					<u> </u>			4,982	4,982	3,337	8,318
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								*.*.*.*.*.*.	1		
18	Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
19 20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03					1	-					
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						103,612	392,471	1,005,491	1,501,574	82.561	1,584,136
21A 22	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03						432,826	1,228,839	2,779,609	4,441,274	345,225	4,786,499
	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03						***********	,-,-,-,-,-,-,-,-	*.*.*,*,*.*.*.			***********
23 23A	Healthy Families Cost	07/01/02 - 09/30/02										88	88
23A 24	N W T- T- 014	10/01/02 - 06/30/03 07/01/02 - 09/30/02							-			274	274
24A	Healthy Families SMA	10/01/02 - 06/30/03											
25 25A	Healthy Families P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1::::::::::::::::::::::::::::::::::::::				-				-		 -
26 26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03								hadalalalalalala	and a second second		
27 27A	Healthy Families Gross Reim.	07/01/02 - 09/30/02										88	88
2/A	Less: Patient and Other Payor Revenues	10/01/02 - 06/30/03											191611111111111111
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02						and the second second	1,459	12,225	13,684		13,684
28A 29	Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03							1,566	31,930	33,496		33,496
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues									1,1,1,1,1,1,1			
32	Total Expenditures from MAA (Mode 55)					*********							
33 34	Medi-Cal Eligibility Factor (Average) Revenue - MAA			en e	100000000000000000000000000000000000000								
	000000000000000000000000000000000000000	07/01/02 - 09/30/02						103,612	391,012	993,266	1,487,890	82,561	1,570,452
35 35A	Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03						432,826	1,227,273	2,747,679	4,407,778	345,225	4,753,003
36	Net Due - Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02											
37 37A	Net Due - Healthy Families	10/01/02 - 09/30/02										88	88
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02							******************	0.00.000.000.000.000	*1+1+1+1+1+1+1+1+1+1+1+1		-141-1-1-1-1-1-1-1-1-1-1-1
38 38A		10/01/02 - 06/30/03											
39 40	Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02											
40A	Healthy Families	10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

FFP %

FFP %

Fiscal Year 2002-2003

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

79 (10/04)

County: Placer County Source: Source: County Code: 31 MH1978 E8 MH1978 F8 Legal Entity: Placer County D Ε G Legal Entity Number: 00031 Total Total Total 50% 51.40% 51.64% Variable % 75% Total MAA Inpatient Outpatient Total FFP FFP FFP FFP FFP FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement 6,370,635 6,370,635 Contract Provider Medi-Cal Direct Service Gross Reimbursement 2,528,143 197,610 2,330,533 Total Medi-Cal Direct Service Gross Reimbursement 8,898,778 Medi-Cal Administrative Reimbursement Limit 1,334,817 Medi-Cal Administration 995,080 Medi-Cal Administrative Reimbursement 995,080 497,540 497,540 Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement 161 161 Healthy Families Administrative Reimbursement Limit 16 Healthy Families Administration 13 10 Healthy Families Administrative Reimbursement 13 SD/MC Net Reimbursement for MAA 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 107,911 80,933 80.933 15 Other SD/MC Utilization Review (County Only) 139,097 69,549 69,549 07/01/02 - 09/30/02 1,569,652 1,569,652 806,801 806,801 SD/MC Net Reimbursement for Direct Services 16A 10/01/02 - 06/30/03 4,744,685 4,744,685 2,450,047 2.450.047 07/01/02 - 09/30/02 799 799 527 527 Enhanced SD/MC Net Reimb. (Children) 10/01/02 - 06/30/03 8,318 8,318 5,407 5,407 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 3,910,805 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP)
22 Contract Limitation Adjustment 3,910.805 23 Adjusted Total SD/MC Reimbursement (FFP) 3,910,805 07/01/02 - 09/30/02 88 58 Healthy Families Net Reimbursement 10/01/02 - 06/30/03 25 Total Healthy Families Reimbursement Before Excess FFP 67 26 Amount Negotiated Rates Exceed Costs - Healthy Families Total Healthy Families Reimbursement